

RITUXAN PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Non-Hodgkin's Lymphoma
- ❖ Rheumatoid Arthritis with concomitant use of Methotrexate after trial and failure of at least one tumor necrosis factor antagonist.
- ❖ Consideration for approval will be made for patients diagnosed with Rheumatoid Arthritis not currently taking Methotrexate due to intolerable side effects or contraindications based on information provided at the time of request.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please click [here](#).

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).